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ABSTRACT

School psychologists have traditionally experienced difficulty in assessing children referred for special services. In order to determine if the diagnosis of emotional disturbance in South Carolina schools follows the guidelines provided by the South Carolina Department of Education publication "Procedures for the Survey, Screening, Evaluation, Placement, and Dismissal of Children Into and Out of Programs for the Handicapped," 79 public school districts were surveyed; 54 (68%) of the districts responded. Results showed that the school psychologists reportedly acquire data from the child's environment by using behavioral checklists, anecdotal records, the referral form, and documentation of previous interventions. They acquire information from the child via intelligence, achievement, and projective/personality tests. Although consistency in diagnosis was found, the validity of the projective/personality tests being using (Bender Gestalt, Draw A Person, House Tree Person) for assessing personality or emotional difficulties is questionable. Despite these problems, the diagnostic process for determination of emotional disturbance was reported to be consistent and thorough, with information and data being gathered from a number of sources. (Data concerning the school districts involved and specific responses are appended in tables.) (LLL)

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DIFFICULTIES ASSOCIATED WITH THE DIAGNOSIS OF EMOTIONAL DISTURBANCE

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School psychologists have traditionally experienced difficulty in assessing children referred to be considered for special services because they are believed to be behaviorally disordered, emotionally disturbed, or emotionally handicapped. The difficulties associated with diagnosing behavioral disorders or emotional disturbance in children has been described and discussed by a number of authors.

Ysseldyke and Algozzine (1981) reported survey results of 224 school professionals from public and private schools in the greater Minneapolis and St. Paul metropolitan area. These authors concluded that the written indication of behavior problems at the time of referral has profound influence on the diagnostic outcome--even more influence than the diagnostic data obtained from testing and observation.

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In an analysis of 49 state department of education definitions of emotional disturbance, Epstein, Cullinan, and Sabatino (1977) found that most definitions were phrased generally even to the point of being ambiguous, vague and, in some cases, circular. They quote one definition as stating, "Behaviorally disordered children are those who show emotional handicaps."

Personnel in the Office of Programs for the Handicapped, S. C. Department of Education, produced a resource manual to assist school district personnel in locating and appropriately serving emotionally handicapped students (Mohr, 1981). Much valuable and helpful information is presented in this manual including screening for emotionally handicapped students; however, discussion of the diagnosis of emotionally handicapped students is not included.

In order to investigate the diagnosis of emotional disturbance in South Carolina, the author designed a survey which had questions associated with the guidelines provided by the S.C Department of Education publication, Procedures for the Survey, Screening, Evaluation, Placement, and Dismissal of Children Into and Out of Programs for the Handicapped. This procedures manual is given to each school psychologist in South Carolina with instructions that the guidelines provided are to be followed. Given the documented difficulties associated with diagnosing students as emotionally handicapped, the investigator proposed to determine if when given guidelines how systematically and consistently these would be followed.

Procedure

Surveys were mailed to the Coordinator of Psychological Services in the 79 South Carolina public school districts, and 54 (68%) were returned (Table 1). The respondents specified the total number of students in their district and reported the incidence of emotionally handicapped students. The reported numbers converted to percentages which ranged from a low of .09% to a high of 2.5%.

Each respondent provided information related to the following questions included in the survey :

1. What is the position of the person(s) in your district with primary responsibility for the diagnosis of emotionally handicapped (EH) students?
2. What other persons are directly involved in the diagnosis?
3. What amounts and kinds of specific behavioral data are required of the referral source?
4. Who, other than the referral source, completes a direct observation of the student?
5. How do you document evidence of previous educational adjustments that have been tried?
6. How do you assess expressive language development of the referred student?
7. How do you assess receptive language development of the referral student?

8. What individually administered achievement tests are used in the diagnosis?

9. What behavioral checklists are used?

10. What tests of general intellectual ability are used?

11. What personality/projective tests are used?

12. What, in your opinion, is the most useful instrument or method for use in the diagnosis of EH students?

Results

These data are summarized by indicating the percentage of each response to each question (Tables 2 - 13). The results indicate that psychologists in South Carolina are reasonably consistent in the procedures they used for determining emotional disturbance.

The person reported to be primarily responsible for the diagnosis of emotional disturbance was the school psychologist. The most commonly administered tests of achievement reported were the Wide Range Achievement Test, the Peabody Individual Achievement Test, the Woodcock Reading Mastery Tests, and the Key Math. Behavioral Checklists reported to be used most often were: AAMD, Burk's'Behavior Rating Scale, and the Walker Problem Identification Checklist. The Wechsler Intelligence Tests and Stanford Binet were indicated to be used most often for assessing intelligence. The personality/projective tests reported to be administered most often were: Bender-Gestalt, California Test of Personality, Draw A Person, House Tree Person, Sentence Completion, and Thermatic Apperception. The respondents reported the most useful instrument/method for diagnosis of EH to be direct observation with the behavior checklists.

Conclusions

The results of the survey may be compared to recommendations by Gresham (1982) who suggests three types of assessment information: Direct observation, rating scale data, and interview data. The respondents indicated the most important source of data to be direct observation with behavior checklists. However, respondents reported inconsistency in who completed the checklists and what checklists were used. No respondent reported basing diagnosis on data collected during an interview.

In comparison to Eaves'(1982) model which specifies two data sources, those contributed by the child's environment and those contributed by the child himself, the respondents indicated that persons who diagnose children as having emotional problems in South Carolina acquire data from the environment by using behavioral checklists, anecdotal records, the referral form, and documentation of previous interventions. They reportedly acquire information from the child via intelligence, achievement, and projective/personality tests.

Even though there is reported consistency in the diagnosis of emotional disturbance, some of the procedures being used are questionable. For example, three of the most frequently used projective/personality tests are the Bender Gestalt, Draw A Person, and House Tree Person. The validity of these tests for assessing personality or emotional difficulties is questionable. Additionally, the use of an interview with the child is not indicated to be a part of the diagnostic process. Other than these problems in the procedures, the diagnostic process for determination of emotional disturbance is reported to be consistent and thorough with information and data included from a number of sources.

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Table 1

School Districts Responding to Questionnaire
Students

County	Total Number of Students	Percentage of EH Students
Aiken	21,419	.9%
Allendale	2,450	1.3
Anderson #2	3,683	1.6
Anderson #5	11,262	1.0
Barnwell #19	1,400	.5
Barnwell #29	1,050	.09
Barnwell #45	2,300	.8
Beaufort	10,000	2.5
Berkeley	23,000	.4
Calhoun	2,187	1.3
Charleston	42,600	.8
Chester	6,691	1.2
Chesterfield	9,879	.2
Clarendon #1	1,541	0.0
Colleton	6,500	1.4
Darlington	13,500	.6
Denmark	1,670	4.6
Olar #2		
Dillon #1	1,100	
Dillon #2	4,450	.6
Florence #1	14,500	1.0
Florence #2	1,381	.7
Florence #3	4,378	.2
Georgetown	10,152	.6
Greenville	50,961	1.4
Greenwood	8,956	1.0
Greenwood #51	1,190	.9
Hampton #2	1,582	.6
Horry	20.892	1.0

Table 1
School Districts Responding to Questionnaire

County	Total Number of Students	Percentage of EH Students
Lancaster	2,011	.9 %
Laurens	3,812	.2
Lexington #1	8,625	2.4
Lexington #2	11,000	.5
Lexington #3	24	29.0
Lexington #4	1,750	.4
Lexington #5	10,800	.5
Marion #2	2,804	.1
Marion #3	800	0.0
Marlboro	7,500	.2
Ninety-Six	1,500	1.6
Oconee	10,000	2.0
Orangeburg #5	6,500	1.5
Orangeburg #8	543	.3
Saluda	2,387	1.5
Spartanburg #1	4,175	.7
Spartanburg #2	6,500	1.2
Spartanburg #3	3,500	2.7
Summerville #2		60 students
Sumter #17	9,317	.3
Union	6,200	.9
Williamsburg	8,323	.5
York #1	3,662	2.2
York #2	3,000	1.5
York #4		

Table 2

Percentage Response of Person(s)
Responsible for Diagnosing EH
Students

Person(s)	Percentage
Committee Approach	5.6%
Consultants	1.8
Contracted Psychclogist	1.8
Director of Special Services	5.6
Multidisciplinary Team	9.0
Regular Teacher + Administrator	1.8
School Psychologist	62.0
School Psychologist I	9.0
School Psychologist II	24.0
School Psychologist III	13.0
Special Ed. Teacher	1.8
Staffing Co-ordinator	1.8

Table 3

Percentage Response of Other Personnel
Directly Involved in the Diagnosis

Personnel	Percentage
Administrators	1.8%
Assist. Supt. for Sp. Programs	1.8
Co-ordinator of Student Services	3.0
Counselors	15.0
Court Counselor	3.7
Director of Special Services	13.0
Educational Evaluators	1.8
Guidance Counselor	24.0
Home-School Liaison Director	1.8
Mental Health Counselor	9.0
Parents	11.0
Principals	20.0
Private Agency	1.8
Private Physician	3.7
Psychologist	15.0
School Nurse	11.0
Social Worker	13.0
Speech Clinician	1.8
Special Ed. Teacher	35.0
Staffing Committee	5.6
Teacher	69.0
Youth Services	1.8

Table 4
Percentage Response of Specific
Behavioral Data Required
From Referral Source

Behavioral Data	Percentage
AAMD-II	7.0
AAMD-II (2 times)	3.0
Anecdotal Records	50.0
Anecdotal Records (2 times)	3.0
Behavioral Checklist	37.0
Behavioral Checklist (2 times)	22.0
Behavioral Checklist (3 times)	1.8
Behavior Pupil Rating Scale	3.0
Burk's Behavior Rating Scale	5.0
Burk's Behavior Rating Scale (2 times)	5.0
Devereux	3.0
Direct Observation	15.0
Direct Observation(3 times)	3.0
S.C. EH Checklist	3.0
One 10-min. time sampling + 20 min. observation	1.8
Four to five 20 min. Observations	1.8
Observation over 2 weeks	22.0
Observation for 20 days	1.8
Observation over 3 to 4 weeks	3.0
Observation over 9 weeks	1.8
Parents	1.8
Projective Test	1.8
Sentence Completion Test	1.8
Specific Referral Form	18.0
Varies according to the Problem	3.0
Walker Behavior Checklist	3.0

Table 5

Percentage Response of Others
Completing Direct Observation

Person(s)	Percentage
Aide	7.0%
Administrator	1.8
Anyone in the school	1.8
Assistant Principal	1.8
Counselor	13.0
Classroom Teacher (two)	1.8
Director of special services	1.8
Speech Clinician	1.8
Guidance Counselor	11.0
No one	1.8
No comment	1.8
Nurse	1.8
Person familiar with child	1.8
Optional	1.8
Parent	5.0
Principal	11.0
School Psychologist	50.0
Social Worker	3.0
Sp. Ed. Teacher	35.0
Speech Therapist	1.8
Teacher	39.0
Title I Teacher	1.8

Table 6

Percentage Response of Documentation of
Previous Educational Adjustments

Documentation	Percentage
Anecdotal Record	13.0%
Cummulative Records	9.0
Conferences	1.8
EH Form	1.8
Guidance Counselor	5.0
IEP	1.8
Intervention Form	16.0
Interviews	1.8
No comment	1.8
No One	3.0
Parent	1.8
Pre-Referral Form	1.8
Principal	1.8
Psychologist	3.0
Referral Form	41.0
Specific Form	15.0
Cassette Tape of Staff Meeting	1.8

Table 7

Percentage Response of Assessment of
Expressive Language Development

Assessment Device	Percentage
Carrow Test of auditory Comprehension	3.0%
Carrow Test of Elicited Language Inventory	3.0
Coston-Reidenbach Articulation	1.8
Detroit Test of Learning Aptitude	1.8
Expressive One Word Pict. Voc.	3.0
Goldman-Fristoe	1.8
House Tree Person	1.8
Informal Conversations	11.0
No one	3.0
No comment	7.0
PIAT	1.8
PPVT	5.0
Psychologist Evaluation	9.0
Referral Form	7.0
Speech Clinician Evaluation	18.0
Stanford-Binet	3.0
Speech Therapist	11.0
Test Observation	1.8
TOLD	5.0
TOWL	1.8
Utah Test of Lang. Dev.	3.0
WAIS	1.8
WISC-R	35.0

Table 8

Percentage Response of Assessment of
Receptive Language Development

Assessment Device	Percentage
Brigance Inventory of Early Development	1.8
Carrow Test of Auditory Comprehension	3.0
Coston-Reidenbach Articulation + Language Evaluation	1.8
Denver Developmental Screening Test	1.8
Informal Conversation	5.0
Interview Techniques	1.8
PIAT	1.8
PPVT-R	64.0
Psychological Evaluation	3.0
Speech Clinician	9.0
Speech Language Screening	3.0
Speech Therapist	5.0
Stanford-Binet	5.0
TACL	1.8
TOLD	1.8
Utah Test of Language Development	3.0
WAIS	5.0
Wepman	1.8
WISC-R	16.0

Table 9
Percentage Response of Individually
Administered Achievement Tests

Reading	%	Writing	%	Arithmetic	%
Analytic Reading Inventory	3.0	BASIS	3.0	BASIS	1.8
BASIS	1.8	Bender-Gestalt	1.8	Brigance	5.0
Brigance	9.0	Brigance	5.0	CRT	1.8
CTBS	1.8	Classroom Samples	9.0	CTBS	3.0
Durrell Analysis of of Reading	3.0	Mann-Suiter	3.0	K-ABC	1.8
Gray Oral Reading Test	1.8	No Comment	30.0	Key Math	50.0
IRI	5.0	PIAT	15.0	Metropolitan	3.0
K-ABC	1.8	TOWL	20.0	PIAT	75.0
Kent	1.8	Woodcock-Johnson	5.0	Stanford Ach.	5.0
Mann-Suiter	1.8	Written Expression Test	1.8	Woodcock-Johnson	5.0
Metropolitan	3.0	WRAT	24.0	WRAT	83.0
PIAT	83.0				
Slosson Oral Reading	3.0				
SORT	5.0				
Stanford Diagnostic Test	1.8				
Sucher-Allred	1.8				
TOWL	1.8				
Woodcock Reading Inventory	43.0				
WRAT	86.0				
Woodcock-Johnson Psych.Ed. Battery	1.8				

Table 9

Percentage Response of Individually Administered Achievement Tests

Spelling	%	Other	%
Brigance	7.0	Brigance	7.0
Informal Assessment	1.8	Deverall	1.8
PIAT	73.0	KeyMath	1.8
TOWL	5.0	Language Arts	1.8
TOWS	3.0	PIAT	3.0
Woodcock-Johnson	7.0	Woodcock-Johnson	3.0

Table 10

Percentage Response to Behavioral Checklists Used

Checklist	Percentage
AAMD	35.0
Achrenbach	1.8
Adaptive Behavior	3.0
Behavioral Eval. Scale	3.0
Behavior Identification	1.8
Behavior Rating Profile	3.0
Bristal Social Adj. Guides	1.8
Burk's Behavior Rating Scale	52.0
Burn's	1.8
Clemson EH	1.8
Checklist of Emotional Danger Signals	1.8
Child Behavior Rating Scale	3.0
Diary	1.8
Informal	11.0
Jesness	3.0
Petterson Quay	11.0
No comment	3.0
Social Behavior Assessment	1.8
Specific Form	13.0
Vineland	1.8
Walker Problem Identification	37.0

Table 1

Percentage Response of Test of
Intellectual Ability Administered

Intelligence Test	Percentage
Bayley's Scale of Infant Ability	3.0
Cattell Infant Intelligence Scale	3.0
Goodenough Drawing Test	1.8
Hiskey-Nebraska	1.8
K-ABC	5.0
Leiter International Performance Scale	3.0
McCarthy Scales of Children's Abilities	13.0
No Comment	1.8
Slosson Intelligence	5.0
Stanford-Binet	79.0
WISC-R	96.0
WAIS-R	47.0
WPPSI	9.0

Table 12

Percentage Response of Personality/
Projective Test Administered

Test	Percentage
Bender-Gestalt	50.0
Button's Projective Test For small children	3.0
California Psycholcgical Inventory	3.0
California Test of Personality	30.0
Children's Apperception Test	20.0
Children's Personality Questionnaire	7.0
Draw a Person	26.0
Diagnostic Intervention	1.8
Education Apperception	1.8
Goodenough-Harris Drawing Test	7.0
Hand Test	5.0
House Tree Person	52.0
Human Figure Drawing	3.0
IPAT	1.8
Kinetic Family Drawing	35.0
Minnesota Counseling Inv.	1.8
Minnesota Multiphasic Personality Inventory	3.0
No Comment	3.0
Piers-Harris- Self Concept Scale	5.0
Rhode Sentence Completion	60.0
Rorschach Psychodiagnostic Plates	7.0
Sixteen Personality Factor Questionnaire	1.8
Taylor Manifest Anxiety Scale	1.8
Tennessee Self-Concept Scale	1.8
Thematic Apperception	26.0

Table 13
Percentage Response of Most Useful
Instrument/Method for the Diagnosis of EH

Method	Percentage
Interdisciplinary Approach	5.0
AAMD-II	1.8
Past Records	1.8
Direct Observation with Behavior Checklist	32.0
DSM-III Criteria with tests and Behavioral Data	1.8
Personality/Projective Tests	1.8
Information from teachers, parents, and school personnel + projective tests	7.0
Combination of ATP, RPD, sentences, + teacher recorded data	1.8
Mental Health Consultant	1.8
California Test of Personality with Time sampling	1.8
Button's Test, CAP, 16PF	1.8
Direct observation over a period of time, in different settings, different observers, + different instruments	9.0
Classroom teacher information + direct observation by school psychologist	5.0
Projective tests, behavioral information, intelligence score, achievement record, + social history	3.0
Burk's Behavior Checklist	1.8
Projective Test + Burk's or Walker	1.8
House Tree Person, California Test of Personality, + IQ with all pertinent data	1.8

Table 13
(Continued)

Percentage Response of Most Useful
Instrument/Method for the Diagnosis of EH

Method	Percentage
Projective drawings, BBRS + WPRIC	1.8
Teacher anecdotes, psychological observation, WISC-R, CTP, + Incomplete Sentence Test	1.8
Devereux, anecdotal records, observation, CTP + TAT	1.8
Burk's, Goodenough Draw A Person, Adaptive Behavior List + Anecdotal Records	1.8
Millon for Adolescents + Walker for Young Students	1.8